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Assistant Commissioner for  
Washington, D.C. 20231

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 3)

DRESSLER GOLDSMITH MILNAMOW & KATZ LTD  
TWO PRUDENTIAL PLAZA STE 4700  
180 N STETSON AVENUE  
CHICAGO IL 60601

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## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Elizabeth A. Taylor

(Depositor's name)

Elizabeth A. Taylor

(Signature)

July 9, 1998

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/696,987	11/04/96	021	HUANG, S	3736 06/29/98
First Named Applicant ANDERSON, SANDRA D.				

**TITLE OF INVENTION** METHOD AND DEVICE FOR THE PROVOCATION OF AIR PASSAGE NARROWING AND/OR THE INDUCTION OF SPUTUM

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 FRFBR2173P00	600-529.000	F98	UTILITY	NO	\$1320.00	09/29/98

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Rockey, Milnamow &2 Katz, Ltd.

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type).  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **Central Sydney Area Health Service**

(B) RESIDENCE: (CITY & STATE OR COUNTRY) **Camperdown, NSW, Australia**

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☐ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Allen J. Hoover, Reg. No. 24,103

(Date)

7/9/98

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